

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17		2				
18		1				
19		1				
20		1				
21		3				
22		2				
23		2				
24	1					
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		3				
33		3				
34	(1)					
35	(1)					
36	3					
37	(1)					
38	3					
39	(1)					
40	3					
41	(1)					
42	3					
43	(1)					
44	3					
45	(1)					
46	3					
47	(1)					
48	3					
49	3					
50	1					
TOTAL IND.	4					
TOTAL DEP.	71	↓	↓	↓	↓	↓
TOTAL CLAIMS						

51	1					
52	3					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	2					
62	2					
63	2					
64	2					
65	2					
66	2					
67	1					
68	1					
69						
70						
71						
72						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓	↓	↓	↓	↓
TOTAL DEP.	94	↓	↓	↓	↓	↓
TOTAL CLAIMS	99					